

Date.....

Permit No.....

TOWN OF ACTON

APPLICATION FOR PERMIT TO CONSTRUCT WITHIN A PUBLIC WAY

This application must be submitted not less than five (5) days prior to any Construction within a public way.

Notice 24 hours in advance of any construction must be given to the Town Engineer.

1. Permittee:..... Address:.....
- 1A. Telephone #:.....
2. Location of Proposed Construction:
3. Purpose of Construction:
4. Length of Cut:
5. Width of Cut:
6. Width of Existing Pavement:
7. Type of Existing Roadway Surface: Type of Curb:.....
8. Type of Existing Sidewalk Surface: Type of Shoulder:
9. Date of Street Opening: From..... To.....
10. For Work Involving Excavations: Dig Safe Number

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated January 8, 1991. I have deposited the required bond with the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way including replacing bounds if not completed by me to the satisfaction of the Town Engineer within the specified time.

Special Instructions:

Signature of Applicant.....

-12/8/07

- Road & Shoulder OK

- checked w/ Russ & Dave B @ AND

- they can ok w/ their permits

- AND issues are w/ Kaysen & AND

↳ emergency gas line repair in 2001
↳ ALSO water service trenches

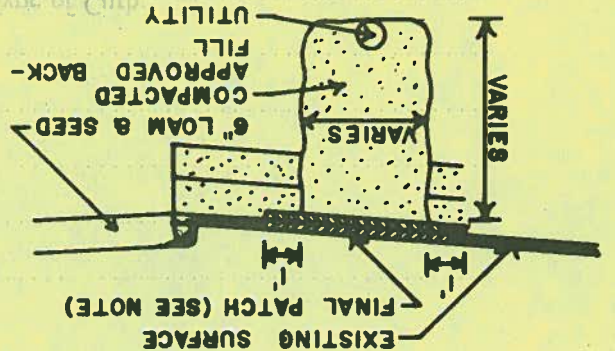
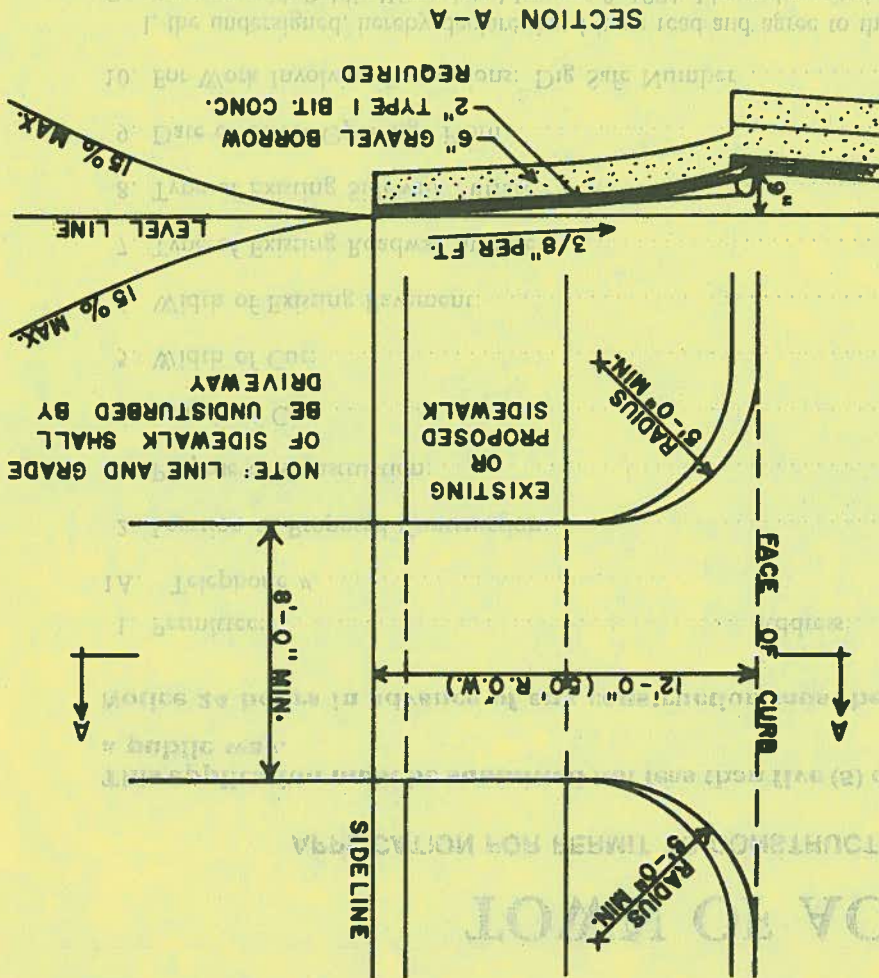
Permit Issued: Date By:

Application Denied: Date By:

Work Inspected and Approved: Date By: 12/8/07

(over)

TOWN OF ACTON TRENCH DRIVEWAY 8 FEB. 1969 NO SCALE



- NOTE: 1. FINAL PATCH DEPTH
- 2. SEE SPECIFICATIONS FOR
- 3. OIL TREATED ROADS
- 4. BIT. CONC. ROADS
- FURTHER REQUIREMENTS

SKETCH

SECTION A-A

REQUIRED
2" TYPE 1 BIT. CONC.
6" GRAVEL BORROW

Date 10/12/06Permit No. 06-77

TOWN OF ACTON

APPLICATION FOR PERMIT TO CONSTRUCT WITHIN A PUBLIC WAY

This application must be submitted not less than five (5) days prior to any Construction within a public way.

Notice 24 hours in advance of any construction must be given to the Town Engineer.

1. Permittee: COLONIAL PATH LLC Address: 114 NEWTOWN RD, ACTON MA
 1A. Telephone #: 978-621-7701
 2. Location of Proposed Construction: SYLVIA STREET
 3. Purpose of Construction: NEW WATER MAIN
 4. Length of Cut: 400'
 5. Width of Cut: 3'
 6. Width of Existing Pavement: 19'
 7. Type of Existing Roadway Surface: ASPHALT Type of Curb: NONE
 8. Type of Existing Sidewalk Surface: NONE Type of Shoulder: NONE
 9. Date of Street Opening: From 10/20/06 To 11/10/06
 10. For Work Involving Excavations: Dig Safe Number 2006 4108841

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated January 8, 1991. I have deposited the required bond with the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way including replacing bounds if not completed by me to the satisfaction of the Town Engineer within the specified time.

Special Instructions:

Signature of Applicant

1991 - Road Pavementyes - Photosyes - cert of INSURsee Colonial Path Subdivision-12/8/07- Road & Shoulder OK- checked w/ Russ & Dave B @ AND- they can do w/ their pocket- AND issues are w/ krysna & ANDEmergency gas line repair in 2007
w/ AND water service

Permit Issued: Date

By:

Application Denied: Date

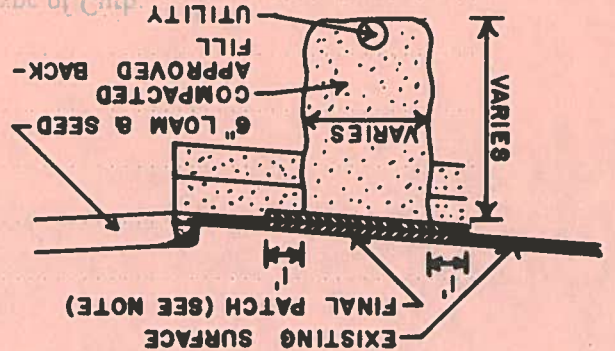
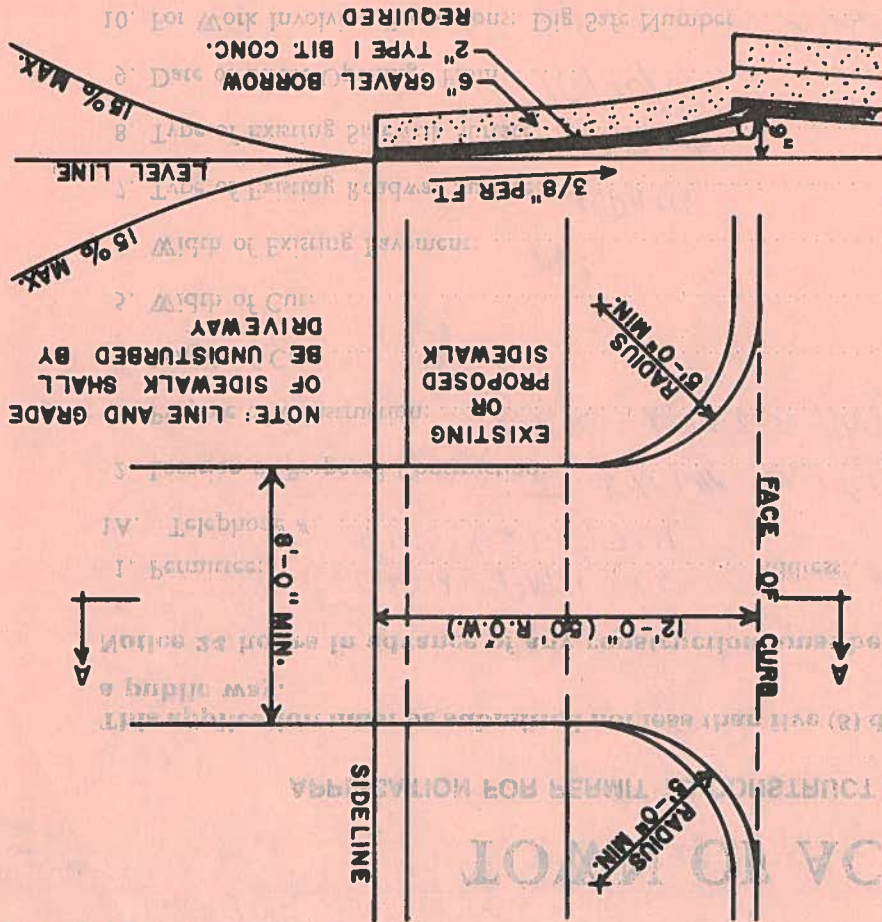
By:

Work Inspected and Approved: Date

By:

(over)

TOWN OF ACTON TRENCH DETAIL FEB. 1969 NO SCALE



NOTE: 1. FINAL PATCH DEPTH
2. SEE SPECIFICATIONS FOR
3. OIL TREATED ROADS
4. BIT. CONC. ROADS
FURTHER REQUIREMENTS

SKETCH

SEE PAGE 4 OF COLORED PATH SITE PLAN FOR
DETAILED INFORMATION

Work inspected and approved: Date
Approval Denied: Date
Permit issued: Date

By
By
By

$$400 \times 3 \times \left(\frac{3.5}{12}\right) = 350 \text{ ft}^3$$

$$\frac{\$95}{\text{ft}^3} \times \frac{0.073 \text{ ft}^3}{\text{ft}^3} = \frac{\$6.94}{\text{ft}^3} \times \frac{350 \text{ ft}^3}{\text{ft}^3} = 2429$$

$$\frac{\$48}{\text{ft}^3} \times \frac{0.073 \text{ ft}^3}{\text{ft}^3} = \frac{\$3.51}{\text{ft}^3} \times 102 \text{ ft}^3 = 358$$

$$400 \times 20 \times \left(\frac{1.5}{12}\right) = 1000 \text{ ft}^3$$

$$= 3510$$

$$\$5939$$

or
\\$6000

- bond - \$6000
- fee - \$50
- rest of balance.

**Town of Acton
Permit to Construct Within a Public Way
(Release)**

To: Town Treasurer

Date: December 27, 2007

From: Engineering Department

Subject: Permit to Construct Within a Public Way #

2006-077

Please release the enclosed performance deposit in the form of:

Certified Check #:

Bank: _____

Personal Check #:

Bank: _____

Other (specify):

Hudson Savings Bank

In the amount of

\$ 6,000.00, to (Permitee)

Colonial Path LLC

which is being held as security for

Permit to Construct Within a Public Way #

2006-077

located at (address)

0 Sylvia Street

For authority, see section 3.1 of the Town of Acton Specifications for Regulating Construction Within Public Ways. The work proposed under this permit has been satisfactorily completed.

Account #: 8101-579100

Amount: \$ 6,000.00

Mailing Address:

Colonial Path LLC

114 Newtown Road

Acton, MA 01720

Signed: _____

Acton Engineering Department

Town of Acton
Permit to Construct Within a Public Way
(Hold)

To: Town Treasurer

Date: October 27, 2006

From: Engineering Department

Subject: Permit to Construct Within a Public Way #

2006-077

Please hold the enclosed performance deposit in the form of:

Certified Check #: _____

Bank: _____

Personal Check #: _____

Bank: _____

Other (specify): Hudson Savings Bank

In the amount of \$ 6,000.00 , from (Permitee)

Colonial Path LLC

as a security for Permit to Construct Within a Public Way #

2006-077

located at (address) 0 Sylvia Street

For authority, see section 3.1 of the Town of Acton Specifications for Regulating Construction Within Public Ways. This deposit is to be held until released in writing by this department.

Account #: 8101-484001

Amount: \$ 6,000.00

Mailing Address:

Colonial Path LLC

114 Newtown Road

Acton, MA 01720

Signed: _____

Acton Engineering Department

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From
Glenn Kaufman

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER Kittredge Insurance Agency Inc 155B Otis St., P.O. Box 1129 Northboro MA 01532 Phone: 508-393-7744 Fax: 508-393-6983		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Colonial Path LLC Box 2170 Acton MA 01720		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: UNDERWRITERS AT LLOYDS	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CLP6280586	04/30/06	04/30/07	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMPIOP AGG \$ EXCLUDED
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: 7 Sylvia Street Acton, Mass.

CERTIFICATE HOLDER

ACTONTO

TOWN OF ACTON
472 MAIN STREET
ACTON MA 01720

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 20 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Francis J. Kittredge Pres.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

